

Healthier Montana Menu Challenge Application

Application Cover Page

Application for (check all that apply): _____ **Breakfast** _____ **Lunch** _____ **A la Carte**

Print All Information

School Name _____

School District _____

Total Student Enrollment Served by the School District _____

School Address (please provide address, city, state and ZIP code)

Principal's Name _____

Principal's E-mail Address _____

School Telephone _____

School Fax _____

School Foodservice Manager's Name _____

School Foodservice Manager's Telephone _____

School Foodservice Manager's E-mail Address _____

School Foodservice Manager's Contact Information for the Summer Months:

Summer Telephone _____

Summer E-mail Address _____



Healthier Montana Menu Challenge Application Packet Checklist

Please include the following information in your application:

- _____ The Application Cover Page
- _____ A copy of one month's menus for the meal program which you are applying: breakfast, lunch and/or a la carte items served in your school. This menu must have been previously served. Please include portion sizes and copies of the daily production records.
- _____ Breakfast Menu Work Sheets as applicable (Table 1)
- _____ Lunch Menu Work Sheets as applicable (Table 2)
- _____ A la Carte Food Items Work Sheet as applicable (Table 3)
- _____ Documentation of foods served, such as production records, recipes, ingredient statements, and/or Nutrition Facts labels to verify that the criteria have been met, in particular to verify whole grain food items and legumes/dried beans.
- _____ Documentation that the school is enrolled as a Team Nutrition School (please include a copy of the enrollment form if recently enrolled, or include a hard copy of the school listed in the database of Team Nutrition Schools found at <http://teamnutrition.usda.gov/database.html>). To verify if your school is already enrolled, use the search page option, and *enter your school's ZIP code*. If your school has not yet enrolled, please do so at <http://teamnutrition.usda.gov/team.html>.
- _____ Review Panel form with required signatures
- _____ Please include a paragraph describing why your school's program deserves recognition such as:
 - Placing extra emphasis on fresh, homemade foods;
 - Providing a whole grain item or a fresh fruit or vegetable on a daily basis;
 - Being involved in any local Farm to School projects or avenues;
 - Providing nutrition education to parents, teachers and school food service staff and/or hosting creative menu promotions and events;
 - Serving a dark orange fruit or orange vegetable *at breakfast* once a week such as cantaloupe, oranges, pumpkin muffins, or sweet potato muffins; and/or
 - Serving a vegetable/legume menu item *at breakfast* one time per week such as a breakfast burrito with beans, or scrambled eggs with colorful vegetables.



Review Panel Form

A healthy school nutrition environment is one which provides consistent messages, healthy food, opportunities for physical activity, and current nutrition education throughout the entire school. It is also important that administrators and teachers are serving as healthy role models for students. To ensure that the school is committed to the overall picture of supporting healthy students, please gather the requested signatures below and submit this form with your application.

Signatures of the Review Panel: We have reviewed this application and attest to the accuracy of the information provided. If selected, we agree to maintain the standards and procedures we indicated in this application for the duration of our certification as a Healthier Montana Menu Challenge Award recipient. Further, we agree to cooperate with the Montana Office of Public Instruction, Montana Team Nutrition, and other public health organizations to publicize our efforts and share information with other Montana schools.

School Nutrition Program Manager	Signature	Date
Representative of School Wellness Committee	Signature	Date
Team Nutrition Leader	Signature	Date
School Food Authority Administrator	Signature	Date
Representative of School's Parent Organization	Signature	Date
Other School Representative	Signature	Date
School Principal	Signature	Date

Thank you for applying for a Healthier Montana Menu Challenge Award.

For more information, please visit the Healthier Montana Menu Challenge Web site (<http://www.opi.mt.gov/schoolfood/healthiermt.html>) or contact the Montana Team Nutrition Program by telephone (406) 994-7217 or by e-mail stenberg@montana.edu.

Office use only

_____ Application Approved Dates of Award _____
_____ OPI SNP Director _____ MT Team Nutrition

Form adapted from the USDA HealthierUS School Challenge <http://www.teamnutrition.usda.gov/HealthierUS/index.html>

